


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90082 048 ***150.00

DOCUMENT # P92000007978	
1. Entity Name THOMAS DUMAS, INC.	

Principal Place of Business PO BOX 50519 JACKSONVILLE, FL 32240-0519	Mailing Address PO BOX 50519 JACKSONVILLE, FL 32240-0519
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2. Principal Place of Business - No P.O. Box # 7033 COLLINS ROAD	3. Mailing Address P.O. Box 50519
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State JACKSONVILLE, FL	City & State JACKSONVILLE, FL
Zip 32244	Country USA
Zip 32240-0519	Country USA

40009527



01242007 Chg-P CR2E034 (12/06)

4. FEI Number 59-3175994	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
DUMAS, THOMAS R 7033 COLLINS RD JACKSONVILLE, FL 32244	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	PSD DUMAS, THOMAS R P.O. BOX 50519 N/A JACKSONVILLE BEACH, FL 322400519 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee or liquidator or executor of the estate of the corporation or the receiver or trustee or liquidator or executor of the estate of the corporation, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: Thomas R. Dumas, Pres. **1.27.07** **904-241-7774**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #